

सेवा में

श्रीमान ट्रस्टी
मदर टेरसा
बी-22, शाप नं० 4,
मयूर विहार-1
नई दिल्ली

विषय- आर्थिक मदद हेतू

श्रीमान

मेरा नाम- सुरेखा है और मेरी बेटी का नाम रहिमा खातून है जिसकी उम्र 3 साल है मेरी बेटी के दिल में छेद है और उसका अस्पताल में इलाज चल रहा था लेकिन डाक्टरों का दिन प्रतिदिन स्थिती खराब होते जा रहा था और उसका अस्पताल में ऑपरेशन नहीं होने के कारण डाक्टरों की सलाह से हमारा दिल्ली के जीबी पंत अस्पताल में इलाज कराया जा रहा है जिसका खर्च 3,20,000 बताया गया है। मेरी आर्थिक स्थिती खराब होने के कारण अपनी बेटी के इलाज हेतु पैसा जमा कराने में असमर्थ हूँ

अतः -आपसे निवेदन है कि आप मेरी आर्थिक सहायता प्रदान करें।

अब मेरी बेटी की जिम्मेदारी आपके हाथ में है।

MOTHER CONCERN – REGISTRATION FORM

Sponsorship Form for Financial Assistance for Medical Treatment

Reg. No: MRCN/2016/July/0001 **Date: 15 /07 /2016**

Beneficiary Demography

Patient Name	: Rahim Shah
Date of Birth (MM/DD/YYYY) / Age	: 01/01/2014 Years
Sex	: Female
Religion	: Muslim

Family Details: Baby Rahima is years old and is suffering for Hole in Heart. Her treatment is been done at AIIMS earlier but due to non-availability on date for Operation she is currently been treated at Fortis Escorts. Due to the poor condition of the family, they are unable to take care of the medical expenses. The family currently staying in Delhi. The family has approached MOTHER CONCERN for the Sponsorship towards the treatment of their child.

Family Details

Name of Father	: RIAZ UL SHAH	Name of Mother	: ZUBEDHA
Age	: 40 YEARS	Age	: 32 YEARS
Occupation	: LABOR	Occupation	: HOUSEWIFE
Family Income Yearly	: INR 54000		

Treatment Details

Patient suffering from	: HOLE IN HEART
Treatment prescribed	: SURGERY FOR VSD CLOSURE

Approximate Expense for which financial assistance is required

Cost of Treatment	: 3,20,000
Parent Contribution	: ---
Total Amount of Fund required	: 3,20,000
The treatment is done at	: FORTIS ESCORTS HOSPITAL

Declaration

I hereby declare that the information given above is true and to the best of my knowledge. I am not in the financial position to arrange for the funds required for the treatment of my child. I am fully aware of the fact that the Organization will be raising funds for the treatment of my child and I have no objection with it.



(Signature of Mother)

www.fortisescorts.in

Out Patient Record

Please Bring This Record With You



Date of Registration 5/05/16 Registration No. 632382

Name RATHMA

Age 3yrs (D.O.B.) 1/1/2012 Sex : M (F) Consultant Dr. S. Radhakrishnan

Address Seema puri N.D

Phone No. 95 120 19 71682

Booklet No.

NABH Accredited

Fortis Escorts
HEART INSTITUTE

Okhla Road, New Delhi - 110025 Phones : +91-11-47135000 Fax : +91-11-26825013
E-mail : contactus.escorts@fortishealthcare.com Website : www.fortisescorts.in
Please contact in Emergency : +91-11- 26825002 Use Ambulance Helpline : 105010

Fortis Escorts
HEART INSTITUTE

Escorts Heart Institute and
Research Centre Ltd.
Okhla Road, New Delhi - 110 025 (India)

Email : contactus.escorts@fortishealthcare.com
Website : www.fortisescorts.in
A NABH and JCI Accredited Institute

ESCORTS HEART INSTITUTE AND RESEARCH CENTRE LTD.
BILL CUM RECEIPT

Regn. No. : 00632387
Name : BABY RAHIMA ,
Sex : F

Bill No.: 16/01//Ca/OH012836
Date. : 05/05/2016
OPD No. : OP02279695
Ref. Doc. : DR. S. RADHAKRISHNAN

S.No.	Particulars	Unit	Rate	Amount
1	REGISTRATION CHARGES	1	200	200
2	2D ECHOCARDIOGRAPHY (PEDIATRIC	1	3000	3000

Sub Total : 3200
Amount Paid : 3200

(Received a sum of Rupees Three Thousand Two Hundred only)

Signature
(Ria Pant)

Payment Details

Sr No	Mode	Particulars	Amount
1	Cash	-	3200
		Total	3200

* Individual amounts have been rounded off to the nearest Rupee

Fortis Hospital
B-22, Sector-62, Noida 201 301, Uttar Pradesh (India)

E-mail : contactus.noida@fortishealthcare.com
Website : www.fortishealthcare.com

Fortis HOSPITAL Noida

OUTPATIENT RECEIPT

Name	RAHIMA	Bill NO	CS2038355
UHID	FHL5.565231	Bill Type	Cash Bill
AGE/SEX	3 Year(s) / Male	Bill Date	04-May-2016 11:43 am
Ref Doctor	ER	Print Date	04-May-2016 11:42 am
Discount Scheme		Corporate Name	Individual Cash Domestic(3311:1104
Contact No.	9540197482	CIN NO:	U93000DL2009PLC222166

S.No	Particulars	Accession No	Qty	Amount
1	Investigations			
	ABG (ARTERIAL BLOOD GASES)[]		1	1010.00
	AMOUNT			1010.00
	DISCOUNT			0.00
	NET AMOUNT			1010.00
	PAYMENT MODE			Cash

Rupees In Words ONE THOUSAND TEN ONLY

Prepared By Cashier Manager

Parminder Singh

Steps For Access your Lab Medicine Report OnLine:
1>Your UHID will be your UserName:**FHL5.565231**
2> Password will be communicated to you separately through SMS on your registered mobile no.
3> Logon to www.srl.in
4> Please enter Your UserName and Password sent to you through SMS.
*For more information about LAB, please contact: SRL Noida
HOSPITAL HELPLINE - 0120- 2400222

PLEASE COLLECT RADIOLOGY REPORT/REPORT(S) AS UNDER:-
WORKING DAYS : 8:00 AM TO 8:00 PM
SUNDAY/HOLIDAY : 8:00 AM TO 2:00 PM

Estimate

Fortis Escorts
Fortis Escorts
HEART INSTITUTE
Okhla Road, New Delhi-110025, INDIA
Phone: 47135000
A NABH and JCI Accredited Institute

Escorts Heart Institute and Research Centre Ltd.
Okhla Road, New Delhi - 110 025 (India)

GRAMS : ESCHEARTNE
FAX 011 2682 5060
Website : www.fortisescorts.in
OKHLA ROAD, NEW DELHI-110025 (India)
A NABH and JCI Accredited Institute

Dr K.S. Iyer.

Pt - RAHIMA.

Reg # 632387.

Sir,

Cash

This has reference to your enquiry with regard to charges for test, please find below the same:

1.	Procedure cost (TOP)	Rs. 275,000/-
2.	Blood Processing Fee	Rs. 20,000/- appx.
3.	Medicines & consumables	Rs. 25,000/- appx.
4.		Rs. /
TOTAL		RS. 320,000 (Approx)

Package includes 10 days stay.

We may now request you to send us the payment in advance by Demand Draft / Cheque favouring Escorts Heart Institute & Research Centre, payable at New Delhi.

This is just an estimate, final bill may vary.

Yours

Thanking you

Any overline treatment/consultation/extra stay/high value medicines will be charge as per actual.

5/11/16.

ST-016-010

OUTPATIENT RECEIPT

Name	RAHIMA	Bill NO	CS2037791
UHID	FHLS.565231	Bill Type	Cash Bill
AGE/SEX	3 Year(s) / Male	Bill Date	03-May-2016 12:44 pm
Ref Doctor	Dr. Nasir	Print Date	03-May-2016 02:07 pm
Discount Scheme		Corporate Name	Individual Cash Domestic:3311:1104
Contact No.	9540197482	CIN NO:	U93000DL2009PLC222166

S.No	Particulars	Accession No	Qty	Amount
1	Consultation DR. Nasir Munim [05/03/2016 1:00:00PM- 1:15:00PM] [CONSULTATION CHARGES ARE VALID UP TO FIVE DAYS EXCEPT PSY			400.00

AMOUNT	400.00
DISCOUNT	0.00
NET AMOUNT	400.00
PAYMENT MODE	Cash

Rupees In Words FOUR HUNDRED ONLY

Prepared By Cashier Manager

Vivek Kumar

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HOSPITAL HELPLINE - 0120- 2400222

OUTPATIENT RECEIPT

Name	RAHIMA	Bill NO	CS2038301
UHID	FHL5.565231	Bill Type	Cash Bill
AGE/SEX	3 Year(s) / Male	Bill Date	04-May-2016 11:05 am
Ref Doctor	Dr. Nasir munim	Print Date	04-May-2016 11:04 am
Discount Scheme		Corporate Name	Individual Cash Domestic(3311|1104
Contact No.	9540197482	CIN NO:	U93000DL2009PLC222166

S.No	Particulars	Accession No	Qty	Amount
1	**Investigations**			
	COMPLETE BLOOD COUNT (CBC) (5110E-SRL) [51106]		1	420.00
	LIVER & KIDNEY PROFILE (1022-SRL) [1022]		1	1240.00
	25-HYDROXY VITAMIN D3 EIA (8823G-SRL) [8823G]		1	2020.00
	C-REACTIVE PROTEIN, SERUM (QUANTITATIVE)[1535D] [1535D]		1	480.00
	AMOUNT			4160.00
	DISCOUNT			0.00
	NET AMOUNT			4160.00
	PAYMENT MODE			Cash

Rupees In Words FOUR THOUSAND ONE HUNDRED SIXTY ONLY

Prepared By Cashier Manager

Vivek Kumar

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Fortis
HOSPITAL

Fortis Hospital,B-22, Sector-62, Noida-201 301,
U.P.(India)

E-mail: contactus.noida@fortishealthcare.com

DEPARTMENT OF RADIO DIAGNOSIS AND IMAGING

Name: Baby RAHIMA	UHID: FHL5.565231
Age / Sex: 3 Year(s) / Male	Order No / Order Date: 972403/2016-05-03
Doctor: Dr.Ramalingam Kalyan	Reporting Date: 03-May-2016

X-RAY CHEST- PA

Both lung fields are clear.
Both CP angles are clear.
Cardiac size is enlarged and boot shaped suggestive of congenital cardiac lesion ? VSD / ?? TOF / ?? TGV
Both hilar shadows are normal.
Bony thorax and both diaphragmatic domes are normal.

Suggest clinical correlation.

Dr. Dinesh Kapoor

DR. DINESH KAPOOR MD
DIRECTOR & HOD

DR.(COL) R.N. BAGGA DMRD,
MD SR. CONSULTANT

DR. ARTI CHATURVEDI MD
SR.CONSULTANT

DR. DEEPTI M. CECIL MD SR
CONSULTANT

DR. ABHISHEK SHEKHAR
DMRD CONSULTANT

DR. SHEKHAR KALIA MD,DNB
CLINICAL ASSOCIATE

Note : Impression is not a diagnosis and should be correlated with the Clinical findings, Lab & other radiological investigations.

PATIENT NAME : RAHIMA

PATIENT ID : **FHL5.565231** CLIENT PATIENT ID : UHID:565231

ACCESSION NO : **001SPE001400** AGE : 3 Years SEX : Male DATE OF BIRTH : 03/05/2013

DRAWN : 04/05/2016 10:58 RECEIVED : 04/05/2016 11:26 REPORTED : 04/05/2016 13:23

CLIENT NAME : **SRL LIMITED SPLZD (OPD) - (IDA)** REFERRING DOCTOR : DR. Nasir Munim

CLINICAL INFORMATION :

IPID:
OPD-OPD FRONT OFFICE

Test Report Status **Preliminary**	Results		Biological Reference Interval	Units
LIVER & KIDNEY PROFILE				
ASPARTATE AMINOTRANSFERASE, SERUM				
ASPARTATE AMINOTRANSFERASE (AST/SGOT) METHOD : UV WITH P5P	29		15 - 37	U/L
ALANINE AMINOTRANSFERASE, SERUM				
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH P5P	19		< 45.0	U/L
ALKALINE PHOSPHATASE, SERUM				
ALKALINE PHOSPHATASE METHOD : PNPP - AMP BUFFER	**346**	High	145 - 320	U/L
BILIRUBIN (TOTAL, DIRECT, INDIRECT), SERUM				
BILIRUBIN, TOTAL METHOD : SULFH ACID DPD/CAFF-BENZ	0.44		0.3 - 1.2	mg/dL
BILIRUBIN, DIRECT METHOD : SULFH ACID DPD/CAFF-BENZ	0.09		0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.35		0.1 - 1.0	mg/dL
GAMMA GLUTAMYL TRANSFERASE, SERUM				
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : IFCC	22		15 - 85	U/L
LACTATE DEHYDROGENASE, SERUM				
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE UV	287		110 - 295	U/L
ALBUMIN+GLOBULIN+A/G RATIO, SERUM				
ALBUMIN METHOD : CALCULATED PARAMETER	3.4		3.4 - 5.0	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.2		2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.1		1.0 - 2.1	RATIO
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN METHOD : BIURET, END POINT	6.6		6.4 - 8.2	g/dL
BLOOD UREA NITROGEN, SERUM				
BLOOD UREA NITROGEN METHOD : UREASE - UV	9		5 - 18	mg/dL
CREATININE, SERUM				
CREATININE METHOD : ALKALINE PICRATE-KINETIC	0.3		0.30 - 0.70	mg/dL
BUN/CREAT RATIO				
BUN/CREAT RATIO METHOD : CALCULATED PARAMETER	**30**	High	5.00 - 15.00	
ELECTROLYTES (NA/K/CL), SERUM				

SRL LIMITED
C/O FORTIS HOSPITAL, B-22, SECTOR-62
NOIDA, 201301
UTTAR PRADESH, INDIA
Tel : 0120-2403338, Fax :
CIN - U74899DL1995PLC070603

PATIENT NAME : RAHIMA

PATIENT ID : **FHL5.565231** CLIENT PATIENT ID : UHID:565231

ACCESSION NO : **0015PE001400** AGE : 3 Years SEX : Male DATE OF BIRTH : 03/05/2013

DRAWN : 04/05/2016 10:58 RECEIVED : 04/05/2016 11:26 REPORTED : 04/05/2016 13:23

CLIENT NAME : **SRL LIMITED SPLZD (OPD) - (IDA)** REFERRING DOCTOR : DR. Nasir Munim

CLINICAL INFORMATION :

IPID:
OPD-OPD FRONT OFFICE

Test Report Status **Preliminary**	Results		Biological Reference Interval	Units
SODIUM	137		136 - 145	mmol/L
METHOD : INTEGRATED MULTISENSOR TECHNOLOGY				
POTASSIUM	**2.87**	Low	3.50 - 5.10	mmol/L
METHOD : INTEGRATED MULTISENSOR TECHNOLOGY				
CHLORIDE	100		98 - 107	mmol/L
METHOD : INTEGRATED MULTISENSOR TECHNOLOGY				

Comments

NOTE:- VALUE RECHECKED.KINDLY CORRELATE CLINICALLY.

URIC ACID, SERUM

URIC ACID	6.0		3.5 - 7.2	mg/dL
METHOD : URICASE/CATALASE UV				

URINALYSIS RESULT PENDING

Interpretation(s)

ASPARTATE AMINOTRANSFERASE, SERUM-
Aminotransferase (AST) is an enzyme found in various parts of the body .AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity.

ALANINE AMINOTRANSFERASE, SERUM-
Alanine aminotransferase (ALT) test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health . AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

ALKALINE PHOSPHATASE, SERUM-
Alkaline phosphatase (ALP) is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts, and bone. Elevated Alkaline Phosphatase levels are seen in Biliary obstruction,Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism,Leukemia, Lymphoma,Paget's disease,Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency,Wilson's disease.

BILIRUBIN (TOTAL, DIRECT, INDIRECT), SERUM-
BILIRUBIN (TOTAL, DIRECT, INDIRECT), SERUM

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.Elevated levels results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstone getting into the bile ducts, Tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious Anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

Total Bil:
Source: Wallach's Interpretation of Diagnostic tests, 9th ed

Direct Bil :
Source: Tietz Text book of Clinical Chemistry & Molecular Diagnostics, 4th ed
d

GAMMA GLUTAMYL TRANSFERASE, SERUM-
Gamma glutamyl transferase (GGT) is an enzyme found in cell membranes of many tissues mainly in the liver, kidney, and pancreas. It is also found in other tissues including intestine, spleen, heart, brain, and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum gamma-glutamyl transferase (GGT) has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system, and pancreas .Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption, and use of enzyme-inducing drugs etc.

LACTATE DEHYDROGENASE, SERUM-
LDH is an enzyme that helps in energy production. It is present in almost all of the tissues in the body and its levels rise in response to cell damage. LDH levels help to diagnose lung disease, lymphoma, anemia, and liver disease. They also help determine how well chemotherapy is working .A higher-than-normal level may indicate:Blood flow deficiency (ischemia), Heart attack, Hemolytic anemia, Infectious mononucleosis, Liver disease (for example, hepatitis),Low blood pressure,Muscle injury, muscular dystrophy, New abnormal tissue formation usually cancer, Pancreatitis and Stroke.

ALBUMIN+GLOBULIN=A/G RATIO, SERUM-
ALBUMIN+GLOBULIN=A/G RATIO, SERUM

Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globuli.

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns ,Glomerulonephritis, Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome,Protein-losing enteropathy etc.Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by:Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy,Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.
TOTAL PROTEIN, SERUM-

PATIENT NAME : RAHIMA

PATIENT ID : **FHL5.565231** CLIENT PATIENT ID : UHID:565231

ACCESSION NO : **0015PE001400** AGE : 3 Years SEX : Male DATE OF BIRTH : 03/05/2013

DRAWN : 04/05/2016 10:58 RECEIVED : 04/05/2016 11:26 REPORTED : 04/05/2016 13:23

CLIENT NAME : **SRL LIMITED SPLZD (OPD) - (IDA)** **REFERRING DOCTOR :** DR. Nasir Munim

CLINICAL INFORMATION :

[PID:
OPD-OPD FRONT OFFICE

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

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Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
BLOOD UREA NITROGEN, SERUM-
Causes of Increased levels
Pre renal
• High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure
Post Renal
• Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels
• Liver disease
• SIADH.
CREATININE, SERUM-
Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
ELECTROLYTES (NA/K/CL), SERUM-
ELECTROLYTES (NA/K/CL), SERUM

Sodium levels are increased in dehydration, cushing's syndrome, aldosteronism & decreased in Addison's disease, hypopituitarism,liver disease. Hypokalemia (low K) is common in vomiting, diarrhea, alcoholism, folic acid deficiency and primary aldosteronism. Hyperkalemia may be seen in end-stage renal failure, hemolysis, trauma, Addison's disease, metabolic acidosis, acute starvation, dehydration, and with rapid K infusion.Chloride is increased in dehydration, renal tubular acidosis (hyperchloremic metabolic acidosis), acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfuction, salicylate intoxication and with excessive infusion of isotonic saline or extremely high dietary intake of salt.Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting.
URIC ACID, SERUM-
Causes of Increased levels
Dietary
• High Protein Intake.
• Prolonged Fasting.
• Rapid weight loss.
Gout
Lesch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

Causes of decreased levels
• Low Zinc Intake
• OCP's
• Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels
• Drink plenty of fluids
• Limit animal proteins
• High Fibre foods
• Vit C Intake
• Antioxidant rich foods

HAEMATOLOGY

COMPLETE BLOOD COUNT, EDTA WHOLE BLOOD/SMEAR

COMPLETE BLOOD COUNT

RED BLOOD CELL COUNT	**7.51**	**High**	4.0 - 5.2	mil/µL
HEMOGLOBIN	**14.5**	**High**	11.0 - 14.0	g/dL
HEMATOCRIT	**49.8**	**High**	34 - 40	%
MEAN CORPUSCULAR VOL	**66.3**	**Low**	75.0 - 87.0	fL
MEAN CORPUSCULAR HGB.	**19.3**	**Low**	24.0 - 30.0	pg

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MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	**29.1**	Low	31.0 - 37.0	g/dL
RED CELL DISTRIBUTION WIDTH	**24.5**	High	11.6 - 14.0	%
PLATELET COUNT	200		200 - 490	thou/µL
MEAN PLATELET VOLUME	10.0		6.8 - 10.9	fL
WHITE BLOOD CELL COUNT	6.0		5.0 - 15.0	thou/µL
WBC DIFFERENTIAL COUNT				
SEGMENTED NEUTROPHILS	38		28 - 56	%
EOSINOPHILS	**11**	High	0 - 3	%
LYMPHOCYTES	44		35 - 65	%
MONOCYTES	**07**	High	3 - 6	%
BASOPHILS	00		0 - 1	%
MORPHOLOGY				
REMARKS	GIANT PLATELETS ARE SEEN.			

Interpretation(s)
COMPLETE BLOOD COUNT-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

BIO CHEMISTRY

*** C-REACTIVE PROTEIN, SERUM**

C-REACTIVE PROTEIN	1.3		0 - 3	mg/L

Comments

Note : CRP

CRP should be interpreted with regards to clinical history only. Recent medical events like tissue injury, infections/inflammations should be kept in mind. Haemolysis/lipaemia/bilirubin can lead to erroneous results.

SPECIALISED CHEMISTRY

25-HYDROXY VITAMIN D

25-HYDROXY VITAMIN D	4.6	Low	Deficiency < 20.0 Insufficiency 20 - 30 Sufficiency 30 - 100 Toxicity >100	ng/ml

METHOD : ECLIA

Interpretation(s)
25-HYDROXY VITAMIN D:
Vitamin D is a fat soluble steroid hormone precursor that is mainly produced in the skin by exposure to sunlight. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become the biologically active 1,25-dihydroxyvitamin D.
Vitamin D3and D2 are bound to the vitamin D binding protein and transported to the liver where both are hydroxylated to form vitamin D (25-hydroxyvitamin D).
25-hydroxyvitamin D determines the overall vitamin D status as it is the major storage form of vitamin D in the human body. This primary circulating form of vitamin D is biologically inactive with levels approximately 1000 fold greater than the circulating 1,25-dihydroxyvitamin D. The half life of circulating vitamin D (25-hydroxyvitamin D) is 2-3 weeks.
Clinical significance: Vitamin D is essential for bone health. In children severe deficiency leads to rickets.Milder degree of insufficiency are believed to cause reduced efficiency in the utilization of dietary calcium. Vitamin D deficiency causes muscle weakness; in elderly, the risk of falling has been attributed to the effect of vitamin D on muscle function. Vitamin D deficiency is a common cause of secondary hyperparathyroidism. Elevated PTH levels, especially in elderly vitamin D deficient adults can result in osteomalacia, increases bone turnover, reduced bone mass and risk of bone fractures.Low vitamin D concentrations are also associated with lower bone mineral density. In conjunction with other clinical data, the results may be used as an aid in the assessment of bone metabolism.
Insufficiency has also been linked to diabetes, different forms of cancer, cardiovascular disease, autoimmune diseases and innate immunity.

PATIENT NAME : RAHIMA

PATIENT ID : **FHL5.565231** CLIENT PATIENT ID : UHID:565231

ACCESSION NO : **0015PE001400** AGE : 3 Years SEX : Male DATE OF BIRTH : 03/05/2013

DRAWN : 04/05/2016 10:58 RECEIVED : 04/05/2016 11:26 REPORTED : 04/05/2016 13:23

CLIENT NAME : **SRL LIMITED SPLZD (OPD) - (IDA)** **REFERRING DOCTOR :** DR. Nasir Munim

CLINICAL INFORMATION :

IPID:
OPD-OPD FRONT OFFICE

Test Report Status	**Preliminary**	Results	Biological Reference Interval

Reference:
1. Holick M. Vitamin D: the underappreciated D-lightful hormone that is important for skeletal and cellular health. Curr Opin Endocrinol Diabetes 2002; 9,87-98
2. Holick MF. Vitamin D deficiency. N Engl J Med 2007; 357, 266-281
3. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 1920-1926
4. Wallach's Interpretation of Diagnostic tests, 9th Edition, Ed Mary A Williamson and L Michael Snyder. Pub Lippincott Williams and Wilkins, 2011, 386-388.

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

Dr. Abhishant Pandey, MD
Pathologist

Dr. Abhay Krishna Srivastava
Consultant Biochemist

OUTPATIENT RECEIPT

Name	RAHIMA	Bill NO	CG2037825
UHID	FHL5.565231	Bill Type	Cash Bill
AGE/SEX	3 Year(s) / Male	Bill Date	03-May-2016 01:26 pm
Ref Doctor	dr k ramalingam	Print Date	03-May-2016 01:29 pm
Discount Scheme		Corporate Name	Individual Cash Domestic|3311|1104
Contact No.	9540197482	CIN NO:	U93000DL2009PLC222166

S.No	Particulars	Accession No	Qty	Amount
1	Investigations X-RAY CHEST- PA	OP. 972403 257	1	320.00

AMOUNT	320.00
DISCOUNT	0.00
NET AMOUNT	320.00
PAYMENT MODE	Cash

Rupees In Words THREE HUNDRED TWENTY ONLY

Prepared By Cashier Manager

Urmila Bisht

Steps For Access your Lab Medicine Report OnLine:

1>Your UHID will be your UserName:**FHL5.565231**

2> Password will be communicated to you separately through SMS on your registered mobile no.

3> Logon to www.srl.in

4> Please enter Your UserName and Password sent to you through SMS.

"For more information about LAB, please contact: SRL Noida **0120-2403338"**

HOSPITAL HELPLINE - 0120- 2400222

PLEASE COLLECT RADIOLOGY REPORT/REPORT(S) AS UNDER:-

WORKING DAYS : 8:00 AM TO 8:00 PM

SUNDAY/HOLIDAY : 8:00 AM TO 2:00 PM

Fortis
HOSPITAL

Department of Paediatrics
Fortis Hospital NOIDA 201301, NCR, India

OPD CONSULTATION

Dr. K. Ramalingam
MBBS, MD. Pediatrics
Additional Director & HOD
Department of Pediatrics
Mob.: 9810178001

Dr. Ankit Prasad
MBBS , MD. Pediatrics
Consultant - Department of Pediatrics
Mob.: 9711008939

Dr. Nasir Munim
MBBS , DCH. Pediatrics
Consultant - Department of Pediatrics
Mob.: 9560811977

Patient Name ..... Date.....

Age ..... Sex ..... Height .....UHID No. .....Weight ..... BP .....

Address .....

Contact Numbers .....

Referred by .....

Clinical Diagnosis .....

Clinical Presentation

Advice

A Cyanotic congenital Heart disease

Wt = 7.8 kg

C/o Baby colour gets blue

occasionally

H/o episodic

Hb = 90/L RBC 35%

clubbing ++

BP >

Chest Sh a/w

CVS : typical murmur

RS : Septic chest

Hb = 41.5%

On tab Cipla 10mg

- twice daily

SpO_2 - 86% Room air

Adm. 1. Consider tab Cipla on admn

2. ECHO

3. CBC/LFT/KFT/ VIT D/MRI/ Xray Chest PA

4. Revisit opd

next tuesday

5. Tab 2 drops

next on day

For Appointment call:
Pankaj : 9650795453

4/5/16

Dr. K. Ramalingam
ADDL. DIRECTOR & HOD PAEDIATRICS
MBBS, MD
Reg. No. 13862 DMC
Fortis Hospital Noida

Dr. K. Ramalingam
ADDL. DIRECTOR & HOD PAEDIATRICS
MBBS, MD
Reg. No. 13862 DMC
Fortis Hospital Noida


FORTIS HOSPITAL NOIDA
Ref. Ramalingam Kalyan
SIEMENS FD-X
VB21C
1140
AP
LAT U

Rapidsystems

ARTERIAL SAMPLE
05/04/2016 12:00
System Name: LIMITS EMRCY
System ID 1265-18351
Patient ID
565231
Tst Name: RAHIMA

ACID/BASE 37.0 °C		
pH	7.428	
pCO_2	33.24	mmHg
pO_2	78.61	mmHg
HCO_3 act	21.4	mmol/L
HCO_3 std	22.5	mmol/L
BE(B)	2.0	mmol/L
BE(act)	2.9	mmol/L
$ctCO_2$	22.5	mmol/L

CO-OXIMETRY		
Hct	42	%
tHb	14.4	g/dL
sO_2	44.7	%
FO_2Hb	43.6	%
FCOHb	1.2	%
FMetHb	1.2	%
FHHb	54.0	%

OXYGEN STATUS 37.0 °C		
BO_2	19.5	mL/dL
p50	32.1	mmHg
ctO_2(a)	8.8	mL/dL

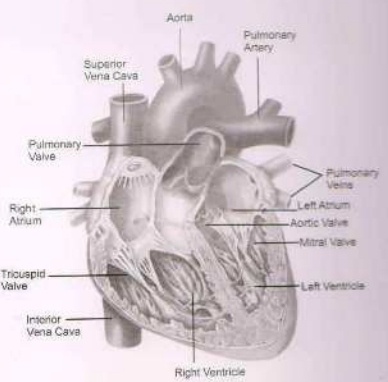
ELECTROLYTES		
Na^+	139.1	mmol/L
K^+	3.331	mmol/L
Ca^{++}	1.054	mmol/L
Cl^-	105	mmol/L

METABOLITES		
Glu	80	mg/dL
Lac	2.341	mmol/L

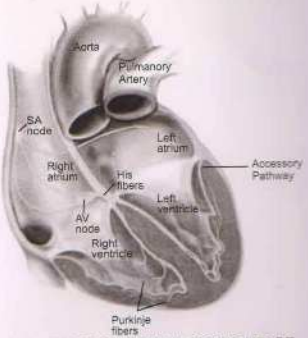
Sex Male
pAtm 732 mmHg

PATIENT RANGES	
pH	7.350 - 7.450
pCO_2	35.0 - 45.0
pO_2	83.0 - 108.0
Na^+	135.0 - 145.0
K^+	3.50 - 4.50
Ca^{++}	1.15 - 1.29
Cl^-	98 - 106
Glu	70 - 105
Lac	0.50 - 1.60
tHb	12.0 - 16.0
FO_2Hb	0.0 - 100.0
FCOHb	0.0 - 100.0
FMetHb	0.0 - 100.0
FHHb	0.0 - 100.0

↓,↑=Out of range **



CHAMBERS AND VALVES OF THE HEART



THE CONDUCTION SYSTEM OF THE HEART

Fortis Escorts
HEART INSTITUTE

Date 2/5/16

Name of Patient Rahima

Reg. No. 632357

Salient Complaints

Reg. pedal edema.

History

Wt - 7.7kg

Ht - 80cm

SpO2 - 71%

HR - 92/min

Weight :

BP:

Pain Score (0-10)

BMI : ☐ Low ☐ High ☐ Within limits

Systemic Examination

- Acyanotic congenital heart disease before (2) years
- 2 H/o fits in Infancy

Investigations Advised

No h/o seizure or other case complicate

On Oral medication Lopinavir + Lasix x (2) years

O/E - Dysmorphic ~~facial~~ features ~~tracts~~ ~~clubbing~~

Treatment Advised - S1 (N) S2 single, No Ejection click.

Down's Syndrome - Grade 3/6 LSSB.

Echo

HR = 92/min

- Situs Solitus Levocardia
- (A) Discordant D-TGA versus double outlet RV
- Complete AVSD
  - Large primum ASD & additional small Fo-ASD (Fenestrated)
  - Large Inlet VSD (Predominantly Muscular)
- No additional VSD
- Severe PS (Infundibular & valvular)
  - Max PG: 65 mm Hg
- Pranch: 7mm (Exp: 9.5mm)
- RPA: 7mm ; LPA: 6.6mm.
- CS: 6.5mm

(N) Levocardia (S) Solitus (D) Dextrocardia (I) Situs Inversus

(A) Discordant (C) Concordant (D) Double outlet RV (T) TGA

(V) Atrioventricular (S) Ventriculoarterial

(N) Levocardia (A) Situs Ambiguus (I) Situs Inversus

(C) Absent, No LoA, No IVC, Azygos

TOF repair

Dr see KS yr.

Chintan Bajaj

Consultant Sign. :

ID No. :

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली–११००२९

Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi- 110029

CARDIOLOGY CTVS OPD
Monday/Wednesday/Friday
Afternoon

दिनांक
Date

विभाग Deptt. Cardio | नाम Name Rahima | उम्र Age 8m

ब.रो.वि.सं. O.P.D. No. 23766/14 | पुत्र/पुत्री/पत्नी S/D/W Shah | लिंग Sex F

निदान Diagnosis

R-4 (15) 2/3/16

To come on 8/4/16 for possible admission

Try on 2/4/16

R-4 (3) 8/4/16

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली–११००२९

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CARDIOLOGY OPD

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विभाग Deptt. Cardio | नाम Name Rahima | उम्र Age 8m

ब.रो.वि.सं. O.P.D. No. 23766/14 | पुत्र/पुत्री/पत्नी S/D/W Shah | लिंग Sex F

निदान Diagnosis

R-4 (15) 2/3/16

To come on 8/4/16 for possible admission

Try on 21/6/16

R-4 (3) 8/4/16

15/07/2016

R-4 (8) 21/5/16

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली-११००२९
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

हृदयविज्ञान/वीटीएस ओपीडी
CARDIOLOGY/CTVS OPD
Monday/Wednesday/Friday
(1 बजे के बाद)
Afternoon

दिनांक
Date

विभाग Deptt. CARDIO नाम Name RAHIMA SHAH उम्र Age 12

ब.रो.वि.सं. O.P.D. No. 33766/14 पुत्र/पुत्री/पत्नी S/D/W

लिंग Sex F

निदान
Diagnosis

ASD PS
Down Syndrome

21-(1) 16/9/15

Already accepted for surgery

① Cont cipla 10mg 7.5ml
② Ulcofil Syrup 1 tsp OD pc

Cardiac Clinic Fcd OPD - Monday 2Pm

RH(GS) 9/11/15

Ans

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली–११००२९

Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi- 110029

CARDIOLOGY CTVS OPD
Monday, Wednesday/Friday
Afternoon

दिनांक
Date

विभाग
Deptt. Cardio

नाम
Name Rahima

उम्र
Age 8m

ब.रो.वि.सं.
O.P.D. No. 23766/14

पुत्र/पुत्री/पत्नी
S/D/W Shah

लिंग
Sex F

निदान
Diagnosis

To come on 8/4/16 for possible admission

R-4 (15)
2/3/16

R-4 (3)
8/4/16

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली-११००२९

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हृदयवक्षविज्ञान/तंत्रिकाविज्ञान ओपीडी
CARDIOLOGY,CTVS OPD
Monday, Wednesday/Friday
(दोपहर के बाद)
Afternoon

दिनांक
Date

विभाग Deptt. CVTRD10 नाम Name RAHIMA SHAH उम्र Age 12

ब.रो.वि.सं. O.P.D. No. 93766/14 पुत्र/पुत्री/पत्नी S/D/W लिंग Sex F

निदान
Diagnosis

ASD PS
Down Syndrome

21-(1)
16/7/15

Already accepted for surgery

① Cont aplar 10mg TDS,S
② Nifcard 5mg 1+0+1 OD pc

Cardiac Clinic Fed OPD - Monday 2Pm

RY(65)
9/11/15

Am

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली–११००२९

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हृदय रोग विज्ञान/वक्ष रोग एवं हृदय शल्य चिकित्सा
CARDIOLOGY/CTVS OPD
समय: ... पूर्वाह्न
Monday/Wednesday/Friday
(सोमवार व बुध)
Afternoon

दिनांक
Date

विभाग
Deptt. Cardio

नाम
Name Rahima

उम्र
Age 8m

ब.रो.वि.सं.
O.P.D. No. 23766/14

पुत्र/पुत्री/पत्नी
S/D/W Shah

लिंग
Sex F

निदान
Diagnosis

R-4 (15)
2/3/16

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली-११००२९
Cardiothoracic & Neurosciences Centre, O.P.D.
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हृदयरोगविज्ञान/वक्षःशल्य ओपीडी
CARDIOLOGY/CTVS OPD
Monday/Wednesday/Friday
(दोपहर के बाद)
Afternoon

दिनांक
Date

विभाग Deptt. CARDIO | नाम Name RAHIMA SHAH | उम्र Age 12

ब.रो.वि.सं. O.P.D. No. 33766/14 | पुत्र/पुत्री/पत्नी S/D/W | लिंग Sex F

निदान
Diagnosis

21-(1)
16/7/15

ASD PS
Down's Syndrome

Already accepted for surgery

① Cont Capoten 10mg 7.5ml/F
② Lasix Syrup 1 tsp OD pc

Cardiac Clinic Fri OPD - Monday 2pm

Adv

RY(65)
9/11/15

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
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Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

ID - 135686
20/9/14

दिनांक
Date

वि.पं.सं. CV 2014/०१४/0023766
अ.स्वा.प.सं. 100510284
नाम: रहिमा शाह
पिता: रिजा उल शाह
8 महिना /महिला
विभाग: हृदयरोग विज्ञान

CV 2014/०१४/0023766
UHID: 100510284
Date 03/09/2014 Wed,Fri
Name RAHIMA SHAH
D/O RIJA UL SHAH
Consultant Room 21
SR Room 14

Cardiology
Paed.Cardiology
8M /F
General
Prof.A.Saxena
DR. MALIK

CCHD Cyanotic ++

LRTI (+)

Downs

B/L Extensive wheez for 2 days

Ped Casualty for LRTI

Cyplas 10mg 1/2 BD

LTI
Spo2-55%

100000

27

80 80

11/9/14

दिनांक
Date

Dr. S. Sharma / G Gulati / Priya Jain / Dr Sanjeev
Cardiac Radiology, AIIMS
Cath Lab Room Nos. (12, 16, 3)

R/ Comment on the below

19/9/17

CxR

F/o a large cavity seen replacing R upper lobe c is collapsed completely.

Trachea - mid line
Rest lung fields appear N
R/L CP angle clear
Cardiac silhouette appears N
Rib bones

17/8/14

Tab Cepfer (10) 1-½-1

Syp Dsorayz 2.5ml od

R/ R/L

may need RT

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली-११००२९
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

CARDIOLOGY CTV. OPD
Monday Wednesday Fri
Afternoon

21

दिनांक
Date

विभाग
Deptt. C

नाम
Name

उम्र
Age 81

ब.रो.वि.सं.
O.P.D. No.
28766/17

पुत्र/पुत्री/पत्नी
S/D/W

लिंग
Sex M

निदान
Diagnosis

for known coronary Rheumatic valve disease
Dound syndrome

Φ 21 (4)

Pt. RHD for Evaluation of Hypertension

24/9/17

Later CT Angio → ONS
Cplar 1 - 1/2 - 1
(10 mg tab)

Continue Cplar 1-1/2-1
Dexorange 2 Sml OD
CT Angio

R-21 (41)
26/9/17

दिनांक
Date

CTA report ht

Cont same drug

Reg to CTVS for op date
10/12 Old

AVSD Short segment
pulm atresia PDA

Cardiac clinic Monday Red OPD 2fm

CTS/b Dr. Sachin Talwar
AVSD, PS
Accepted for Total Correction
Estimate given
Blood grouping

P.D.O.A: 23/12/2015
Advised
10/11/14

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
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A.I.I.M.S., New Delhi-110029

हृदयरोगविज्ञान/सीटीवीएस ओपीडी
CARDIOLOGY/CTVS OPD
Monday/Wednesday/Firday
(दोपहर के बाद)
Afternoon

दिनांक
Date

विभाग Deptt. CARDIO नाम Name RAHIMA SHAH उम्र Age 12

ब.रो.वि.सं. O.P.D. No. 33766/14 पुत्र/पुत्री/पत्नी S/D/W लिंग Sex F

निदान
Diagnosis

ASD PS
Down Syndrome

21-(1)
16/7/15

Already accepted for surgery

① Cont cplae 10mg TDS,T
② Nifedipine 1tg OD pc

Cardiac Clinic Fed OPD - Monday 2Pm

RY(65)
9/11/15

Ans

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली-११००२९
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

CARDIOLOGY CTV. OPD

21

दिनांक
Date

विभाग
Deptt. C

नाम
Name PATIL A

उम्र
Age 81/M

ब.रो.वि.सं.
O.P.D. No. 23766/17

पुत्र/पुत्री/पत्नी
S/D/W

लिंग
Sex

निदान
Diagnosis

for known cigarette like
Dorsal
Syndrome above

φ 2:(4

Pad adv for Swadon & upper zone

24/9/17

Later CT Angio → ONS
Cplar 1 - 1/2 - 1
(10 mg tab)

Continue. Cplar 1-1/2-1 Ar
· Dexorang 2 Sat OD
CT Angio

R-21 (41)
2:9:17

A

दिनांक
Date

Dr. S. Sharma / G Gulati / Priya Jain
Cardiac Radiology, AIIMS
Cath Lab Room Nos. (12, 16, 3)

CxR

19/9/17

CxR

s/o a large cavity lesion replacing
(R) upper lobe c is collapsed
completely.

Trachea - mid line
Rest lung fields appear (N)
R/c cp angle clear
Cardiac silhouette appears (N)
Mineralised bones

17/9/17

Tab Cepter (10) 1-½-1

. Syp Dexorange 2.5ml od

दिनांक
Date

CTA report ht

Cont saline drip

Rep to CTVS for op date
10/12 Old

AVSD short segment
pulm atresia PDA

Cardiac clinic Monday Pod OD 2hrs

C/S/o Dr. Sachin Talwar
AVSD, PS
Accepted for Total correction
Estimate given
Blood grouping

P.D.O.A: 23/12/2015

Advice
10/11/14

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली-११००२९
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

CARDIOLOGY CTVS OPD
Wednesday/Friday
Afternoon

दिनांक
Date

विभाग Deptt. CTVS D10 नाम Name RAHIMA SHAH उम्र Age 12

ब.रो.वि.सं. O.P.D. No. 33766/14 पुत्र/पुत्री/पत्नी S/D/W लिंग Sex F

निदान
Diagnosis

ASD PS
Down's Syndrome

21-(1)
16/1/15

Already accepted for surgery

① Cont cplae 10mg 7DS/F
② Ultcotil Cjmp 1 tg OD pc

Cardiac Clinic Fed OPD - Monday 2Pm

RY(GS)
9/11/15

Amr

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली-११००२९

Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

ID-135686
20/9/14

दिनांक
Date

हृ.व.सं. CV 2014/914/0023766
अ.स्था.प.सं. 100510284
नाम: रहिमा शाह
पिता: रिजा उल शाह
s/d रहिना /महिला
विभाग: हृदयरोग विज्ञान

CV 2014/914/0023766
UHID: 100510284
Date 03/09/2014 Wed,Fri
Name RAHIMA SHAH
D/O RIJA UL SHAH
Consultant Room 21
SR Room 14

Cardiology
Paed.Cardiology
8M /F
General
Prof.A.Saxena
DR. MALIK

CCHD Cyanotic TT

LRTI (+)

Downs

Bil extensive wheez for 2 days

Ped Casualty for LRTI

Cplas 10mg 1/2 BD

10000

27

LTI
Sp02-55%

80 80

11/9/14